Montana Board of Medical Examiners
PO Box 200513
(301 South Park Avenue 4th Floor - Delivery)
Helena, MT 59620-0513
PHONE: 406-841-2361 FAX: 406-841-2305
E-MAIL: dlibsdmed@mt.gov **WEBSITE:** www.medicalboard.mt.gov

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.
(Please allow 30 days for processing from the date that the Board has a completed application)

CERTIFICATION REQUIREMENTS:

- Must be licensed in Montana as a podiatrist; and
- Submit proof of certification by the American Board of Podiatric Surgery in foot and ankle surgery or reconstructive rear foot/ankle surgery; *or*
- Submit proof of current licensure or certification to perform ankle surgery in another state whose licensing standard at the time the license or certificate was issued was essentially equivalent, in the judgment of the board, to those of this state; *or*
- Submit proof of completion of a podiatric surgical residency approved in the year of the candidate's residency by the council on podiatric medical education or the American Board of Podiatric Surgery or successor(s), and submit evidence satisfactory to the board of not fewer than 25 ankle surgeries performed by the applicant and proctored by a primary surgeon of record who is an orthopedic surgeon with foot and ankle experience or a doctor of podiatric medicine with ankle surgery certification within the 5 years immediately preceding this application

FEES: **$100.00 - Certification Fee (non-refundable) (One time fee)**
Make payable to Montana Board of Medical Examiners

DOCUMENTS: The following documents must be submitted to the Board office in order to complete your license application. Please make 8 ½" x 11" copies of the following and submit with your application.

- **Recent National Practitioner Databank (NPDB) self-query (Letter Unopened)**
- **Current Verification from all State Licensing Boards where licensed or certified in ankle surgery**
- **Proof of one of the following:**

1) **Certificate from the American Board of Podiatric Surgery; or**
2) **Proof of current licensure from another state with Ankle Surgery Certification; or**
3) **Proof of not fewer than 25 ankle surgeries proctored by a Board Certified Orthopedic Surgeon or Doctor of Podiatric Medicine**

NOTE: ALL DOCUMENTS NOT IN ENGLISH MUST BE ACCOMPANIED BY CERTIFIED TRANSLATIONS.

APPLICATION PROCEDURES:

- A verification of licensure must be sent directly from the state board(s) in which the applicant is currently or has ever been licensed or certified for ankle surgery. Please make copies of the attached verification request form as needed. Some states may charge a fee for verification. Contact each state board prior to sending the request.
- Keep the Board office informed at all times of any address changes, changes in license status, complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.

PROCESSING PROCEDURES:

- An application file must be complete before consideration of licensure. You will be notified in writing of any items missing from the application file.
- An application takes 10 days to process from the time it is complete.
- If the application is considered a non-routine application, there may be a delay in processing of the application. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting and/or the application may require Board consideration.

ADDITIONAL FORMS TO BE SUBMITTED FOR AN APPLICATION TO BE COMPLETE:

- **National Practitioner Data Bank (NPDB) self-query**. This form can be obtained by calling NPDB at 800-767-6732 or visit www.npdb-hipdb.com on the Internet. This form must be mailed directly to the address indicated in the instructions. The results will come to you; upon receipt please forward them to the Board office.

For information with regard to the processing of this application and other concerns please contact the Board of Medical Examiners staff at (406) 841-2361 or (406) 841-2364 or email us at dlibsdmed@mt.gov

PLEASE BE SURE TO REVIEW THE MONTANA LAWS AND RULES FOR PODIATRY ON OUR WEBSITE:
http://www.medicalboard.mt.gov

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AFFIX PHOTO HERE

PASSPORT SIZE

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APPLICATION FOR ANKLE SURGERY CERTIFICATION

Application for Certification by:

☐ American Board of Podiatric Surgery Certification
☐ Ankle Surgery Certification in another state
☐ Surgical Residency [pursuant to ARM 24.156.1003(c)]

1. FULL NAME _____
Last First Middle

2. OTHER NAME(S) KNOWN BY _____
(Maiden, Nicknames, Etc.)

3. BUSINESS NAME _____

4. BUSINESS ADDRESS _____
Street or PO Box # City and State Zip

5. HOME ADDRESS _____
Street or PO Box # City and State Zip

PREFERRED MAILING ADDRESS: ☐ Business ☐ Home E-MAIL ADDRESS _____

6. TELEPHONE (____) _____ (____) _____ (____) _____
Business Home Fax

7. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____

8. DATE OF BIRTH _____ PLACE OF BIRTH _____ ☐ MALE ☐ FEMALE
(City/State)

9. LICENSE NAME _____
(State your name as it should appear on the license if granted.)

10. Have you ever previously applied for an ankle surgery certification in Montana? If yes, give date, & results. ☐ Yes ☐ No

11. Have you ever been denied licensure, certification or the opportunity to take this profession's licensing examination in any state or country? If yes, attach a detailed explanation. ☐ Yes ☐ No

12. Have you ever withdrawn an application for ankle surgery licensure/certification? If yes, attach explanation. ☐ Yes ☐ No

13. **CURRENT MONTANA PODIATRIST LICENSE #:** _____

14. **ABPS Foot/Ankle Surgery Certification:** Attach proof of certification by the American Board of Podiatric Surgery in foot/ankle surgery or reconstructive rear foot/ankle surgery.

-or-

Ankle Surgery Certification in another state List all ankle surgery license/certifications you hold or have **ever** held. Verification must be sent directly to Montana from each state/province/territory.

State	License #	Issue Date	Expiration Date	License Method	Requested State Verification
				☐Exam ☐ Endorse ☐Other	☐ Yes ☐ No
				☐Exam ☐ Endorse ☐Other	☐ Yes ☐ No
				☐Exam ☐ Endorse ☐Other	☐ Yes ☐ No

-or-

PODIATRIC SURGICAL RESIDENCY List each podiatric surgical residency. Attach evidence of not fewer than 25 ankle surgeries you performed that were proctored by primary surgeon of record who is an orthopedic surgeon with foot and ankle surgery certification or a doctor of podiatric medicine with an ankle surgery certification within the five years immediately preceding this application.

NAME OF FACILITY	LOCATION OF FACILITY	DATES	NAME & PHONE NUMBER OF PRIMARY SURGEON OF RECORD

15. Has a licensing agency ever taken adverse or disciplinary action against your license? If yes, attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements. ☐ Yes ☐ No

16. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint; during an investigation or during disciplinary proceedings? If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations. ☐ Yes ☐ No

17. Has a complaint ever been made against you alleging unethical behavior, standard of care issues or unprofessional conduct? If yes, attach a detailed explanation. ☐ Yes ☐ No

18. Have you voluntarily or involuntarily surrendered any hospital privileges, health maintenance organization participation, Medicare/Medicaid privileges, or other privileges during a pending investigation, or in anticipation of an investigation, or had such privileges reprimanded, denied, restricted, suspended, placed on probation, revoked or subjected to other sanction or action? If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations. ☐ Yes ☐ No

19. Has any legal or disciplinary action been filed against you, which relates to your propriety of, or your fitness to practice this profession (including malpractice, etc.)? If yes attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations. ☐ Yes ☐ No

20. Have you ever voluntarily or involuntarily surrendered the privilege to prescribe or dispense any drug, including but not limited to controlled substances, or had such privileges investigated, denied, restricted, suspended, revoked or otherwise modified by any governmental agency, including but not limited to the Drug Enforcement Administration, any state licensing or disciplinary court or other entity? If yes, attach a detailed explanation. ☐ Yes ☐ No

21. Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member? If yes, attach a detailed explanation. ☐ Yes ☐ No

22. Do you have criminal charges pending or have ever plead guilty, forfeited bond, or been convicted of a crime (including plea of no contest or deferred prosecution) whether or not an appeal is pending? You may omit: (1) payment of traffic misdemeanor fines and (2) charges or convictions prior to your 16th birthday. If yes, please attach a detailed explanation. ☐ Yes ☐ No

23. Do you have any physical or mental condition(s) which may have or has adversely affected your ability to practice this profession, including but not limited to a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation. ☐ Yes ☐ No

24. Have you used alcohol or any other mood-altering substance in a manner which may have or has adversely affected your ability to practice this profession? If yes, attach a detailed explanation. ☐ Yes ☐ No

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Department of Labor and Industry, Healthcare Licensing Bureau.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

_____ _____
Legal Signature of Applicant Dated

Subscribed and sworn to before me this _____ day of _____, _____ at

_____.
City/State

_____
Signature of Notary Public

SEAL

_____
Printed Name of Notary Public

_____
For the State of

My commission expires _____, _____.

VERIFICATION OF LICENSURE

THIS IS NOT AN ENDORSEMENT CERTIFICATION

PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME BOARDS REQUIRE A FEE FOR THIS SERVICE.

STATE BOARD:

I am applying for a license to practice podiatric medicine in the State of Montana and the Medical Board requires this form to be completed by each state wherein I hold or have ever held licensure. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **BOARD OF MEDICAL EXAMINERS, 301 SOUTH PARK, 4TH FLOOR, P. O. BOX 200513, HELENA, MT 59620-0513**. Your early response is appreciated.

_____ Name: _____
Legal Signature of Applicant (Please print)

Address: _____

My License Number is: _____ License Type: _____

DO NOT DETACH -- THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MONTANA STATE BOARD OF MEDICAL EXAMINERS

State of: _____

Full Name of Licensee: _____

License No. _____ Issue Date: _____ License is current? _____

If NO, explain _____

Has license been suspended, revoked, placed on probation or otherwise disciplined? _____

If YES, explain and attach documentation. _____

Has licensee ever been requested to appear before your Board? _____

If YES, explain _____

Derogatory information, if any _____

Comments, if any _____

Signed: _____

Title: _____

BOARD SEAL

State Board: _____

Date: _____